

GERD Health-Related Quality of Life (GERD-HRQL) Questionnaire

Scale:

**0=No Symptoms 1=Noticeable, but not bothersome 2=Noticeable, bothersome, but not every day
3=Bothersome daily 4=Bothersome and affects daily activities 5=Incapacitating to do daily activities**

Questions (Circle One):

How bad is the heartburn?	0	1	2	3	4	5
Heartburn when lying down?	0	1	2	3	4	5
Heartburn when standing up?	0	1	2	3	4	5
Heartburn after meals?	0	1	2	3	4	5
Does heartburn change your diet?	0	1	2	3	4	5
Does heartburn wake you from sleep?	0	1	2	3	4	5
Do you have difficulty swallowing?	0	1	2	3	4	5
Do you have pain while swallowing?	0	1	2	3	4	5
Do you have gassy or bloating feeling?	0	1	2	3	4	5
If you take reflux medication, does this affect your daily life?	0	1	2	3	4	5

TOTAL SCORE (enter total here; 50 points total): _____

How bad is the regurgitation?	0	1	2	3	4	5
Regurgitation when lying down?	0	1	2	3	4	5
Regurgitation when standing up?	0	1	2	3	4	5
Regurgitation after meals?	0	1	2	3	4	5
Does regurgitation change your diet?	0	1	2	3	4	5
Does regurgitation wake you from sleep?	0	1	2	3	4	5

How satisfied are you with your current health condition? Satisfied Neutral Dissatisfied

Are you currently taking any medications for heartburn or GERD? Yes No

Please circle any of the medications you have taken in the past or are currently taking:

Nexium Prilosec Prevacid Aciphex Protonix Zegerid Kapidex Dexilant Zegerid Vimovo

Your first and last name: _____

Phone: _____ Date: _____

Email: _____

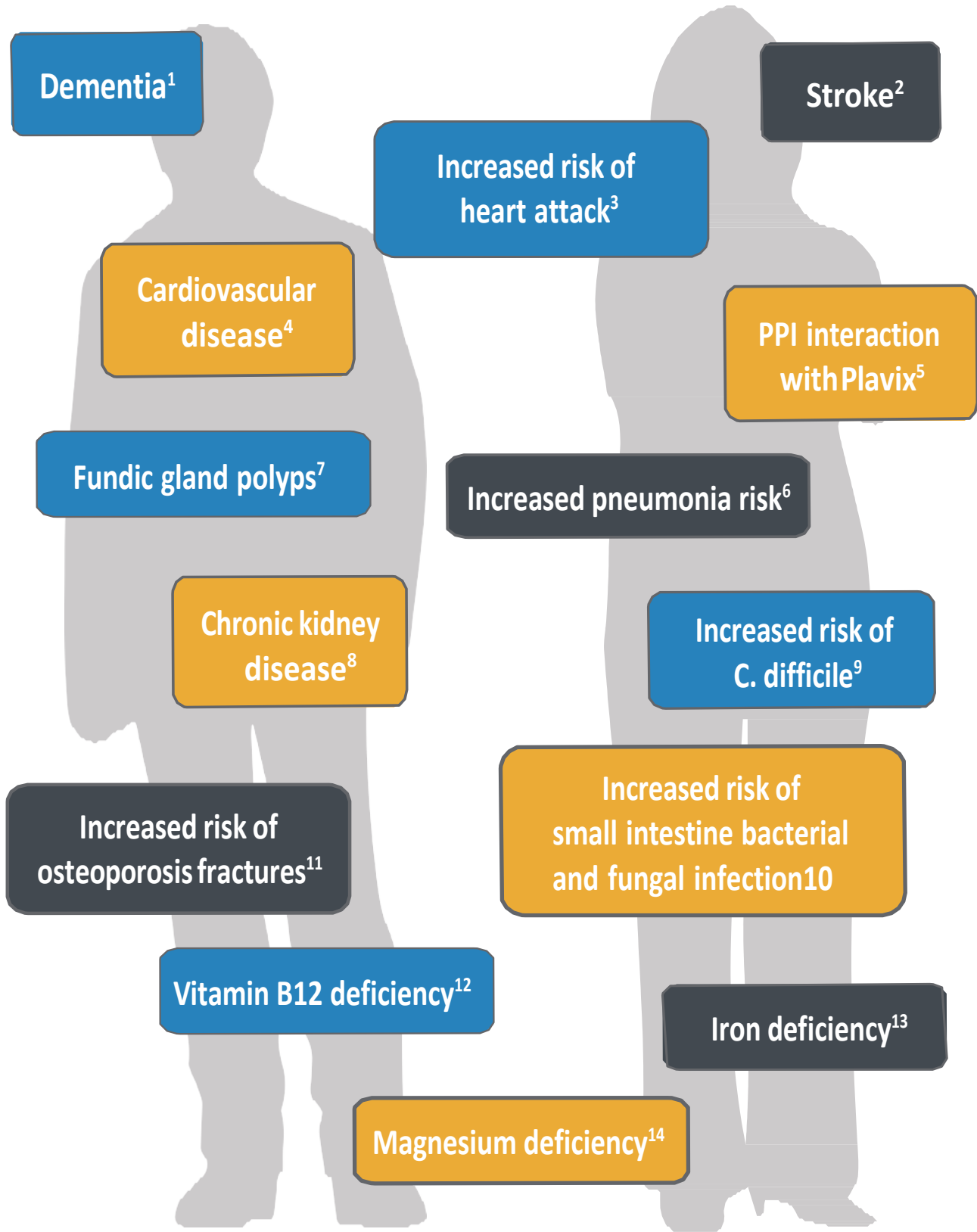
NP02165-01D: Velanovich V (2007) The development of the GERD-HRQL symptom severity instrument. Diseases of the Esophagus 20:130-134



**Coastal Carolina
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Published Risks Associated With PPI Use



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